

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

1/

01-27-2003 90337 004 ****61.25

DOCUMENT # N92000000643

1. Entity Name

TEAM SANTA ROSA ECONOMIC DEVELOPMENT COUNCIL, IN C.



Principal Place of Business

**6491 CAROLINE ST
STE 4
MILTON FL 32570**

Mailing Address

**6491 CAROLINE ST
STE 4
MILTON FL 32570**

55006210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3161243**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURDEN, JERRY
6650 CAROLINE
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

Anderson, Cindy W.

Street Address (P.O. Box Number is Not Acceptable)

6491 Caroline St., Suite 4

City

Milton

FL

Zip Code

32570

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cindy W. Anderson, Executive Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **GANDY, MP**
STREET ADDRESS **1450 BERRY HILL ROAD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **CD** ☐ Delete
NAME **BURDEN, JERRY**
STREET ADDRESS **6650 CAROLINE STREET**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VCD** ☐ Delete
NAME **BROWN, JR.**
STREET ADDRESS **5120 DOGWOOD DRIVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Brown, J. R.**
STREET ADDRESS **5120 Dogwood Dr.**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☒ Change ☐ Addition
NAME **Griffing, John**
STREET ADDRESS **220 South Palafox St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☒ Change ☐ Addition
NAME **Mona Braxton**
STREET ADDRESS **105 Baybridge**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 623-0174

CR2E037 (10/02)